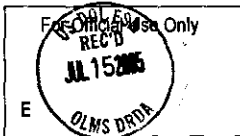


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



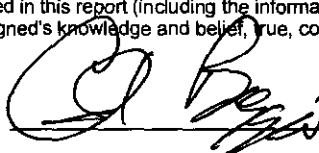
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3111	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Chad B Boggio P.O. Box, Bldg., Room No., if any Street 5775 Nutwood Cir. City Simi Valley State California ZIP Code + 4 93063	4. Name, file number, and address of labor organization. Name Bricklayers & Allied Craftworkers Local 18 CA Labor Organization File Number 526-858 P.O. Box, Building and Room Number, if any Street 556 N. Diamond Bar Blvd. #201 City Diamond Bar State California ZIP Code + 4 91765
5. Position in labor organization. President-Secretary/Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On July 8, 2005 709-396-6700 Date Telephone Number

Name of Person Filing Chad Boggio

File Number U- 3111

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bailey & Associates

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2029 Century Park East Suite 3300

City Los Angeles

State California ZIP Code + 4 90067

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Tile Insurance Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9351 Telstar Ave.

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Business provides legal services to trust.

11.b. Approximate dollar value of such dealing.

\$114,368

12.a. Nature of interest held or income received.

I recieved a holiday baked goods basket.

12.b. Amount.

\$45

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Chad Boggio

File Number U- 3111

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Tile Helpers Apprenticeship & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9351 Telstar Ave. #400

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name See 11.a.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Employers signatory to a collective bargaining agreement pay contributions to trust, pursuant to collective bargaining agreement. 11.b. states annual amount of employer contributions for 2004. Trust provides apprenticeship training to employees of employers

11.b. Approximate dollar value of such dealing.

\$ 144,800

12.a. Nature of interest held or income received.

I recieved compensation from the trust for teaching apprenticeship classes.

12.b. Amount.

\$222

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Chad Boggio

File Number U-

3111

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Joint Apprenticeship Committee

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9351 Telstar Ave. #200

City El Monte

State California

ZIP Code + 4 91731

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name See 11.a.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Employers signatory to a collective bargaining agreement pay contributions to trust, pursuant to collective bargaining agreement. 11.b. states annual amount of employer contributions for 2004. Trust provides apprenticeship training to employees of employers

11.b. Approximate dollar value of such dealing.

\$161,428

12.a. Nature of interest held or income received.

I recieved compensation from the trust for teaching apprenticeship classes.

12.b. Amount.

\$3,402

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.